

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 REV.12/94



GPS READINGS: Latitude:

Time: Longitude:

FOR DOT USE ONLY

DATE OF ACCIDENT MM DD YY	MILITARY TIME HH MM	ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO	# VEHICLES INVOLVED _____ of _____	PAGE # _____ of _____	POLICE CASE NUMBER _____
TOWN OR CITY NAME		TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #) _____ at _____		
IF NOT AT INTERSECTION 1. MEASURE DISTANCE _____ (✓ Check Appropriate Boxes) <input type="checkbox"/> Feet <input type="checkbox"/> Tenths of Mile <input type="checkbox"/> Meters <input type="checkbox"/> Kilometers		2. DIRECTION <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER _____ of _____ Accident Occurred: <input type="checkbox"/> On Private Property <input type="checkbox"/> Parking Lot	

TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)	ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN	STATE	ZIP CODE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE #	STATE	DATE OF BIRTH MM DD YY	
OWNER'S NAME (Enter SAME if Owner is Operator)			
ADDRESS (Street Number and Name)			
CITY OR TOWN	STATE	ZIP CODE	BODY TYPE
REGISTRATION #	STATE	VEHICLE YEAR AND MAKE	
VEHICLE IDENTIFICATION NUMBER			
CARRIER NAME			
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)			
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	USDOT # <input type="checkbox"/> ICCMC # <input type="checkbox"/>		
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #		
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning		
STATUTE OR ORDINANCE #S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian		
AUTOMOBILE INSURANCE — NAME — POLICY #			
PARTS OF VEHICLE DAMAGED			
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE			

TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)	ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN	STATE	ZIP CODE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE #	STATE	DATE OF BIRTH MM DD YY	
OWNER'S NAME (Enter SAME if Owner is Operator)			
ADDRESS (Street Number and Name)			
CITY OR TOWN	STATE	ZIP CODE	BODY TYPE
REGISTRATION #	STATE	VEHICLE YEAR AND MAKE	
VEHICLE IDENTIFICATION NUMBER			
CARRIER NAME			
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)			
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	USDOT # <input type="checkbox"/> ICCMC # <input type="checkbox"/>		
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #		
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning		
STATUTE OR ORDINANCE #S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian		
AUTOMOBILE INSURANCE — NAME — POLICY #			
PARTS OF VEHICLE DAMAGED			
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE			

ALL INVOLVED PERSONS

L	M	N	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	C	P	O	
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1					1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2					2
3				Month Day Year				3
4				Month Day Year				4
5				Month Day Year				5
6				Month Day Year				6
7				Month Day Year				7
8				Month Day Year				8

ALL INVOLVED PERSONS

ACCIDENT DIAGRAM**INDICATE NORTH**

TRAFFIC UNIT # _____ TRAVELING

☐ N ☐ S ☐ E ☐ W ON _____

TRAFFIC UNIT # _____ TRAVELING

☐ N ☐ S ☐ E ☐ W ON _____

1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER _____

2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER _____

RANK AND SIGNATURE OF INVESTIGATING OFFICER _____

OFFICER ID# _____

POLICE AGENCY IDENTIFICATION _____

REPORT DATE _____

CASE STATUS
OPEN ☐ CLOSED ☐

SUPERVISOR _____

DAMAGE TO PROPERTY
OTHER THAN
INVOLVED VEHICLES